

## UNIVERSITY ICT SERVICES REQUISITION FORM

Name:		Job Title:		
Department:		Office Building/Location:		
Tel No.:		Email:		
<u>EQUIPMENT</u>				
TYPE (e.g. Monitor)	DESCRIPTION (	e.g. 17" Monitor)	QUANTITY	PRICE
'				
Recommended by (Dept Head):				
Name:		Signature:		_Date:
UIS DEPARTMENT USE ONLY				
Authorized by:				
Name:		Signature:		_Date:
Delivered by:				
Name:		Signature:		_Date:
Received by:				
Name:		Signature:		_Date:

Please fill in all information and send the form to UIS Department